

# Kentucky

CABINET FOR HEALTH SERVICES  
DEPARTMENT FOR PUBLIC HEALTH  
DIVISION OF EPIDEMIOLOGY  
& HEALTH PLANNING



## Epidemiologic Notes & Reports

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### BIOTERRORISM GUIDELINES

**THIS IS TO SHARE WITH YOU THE KENTUCKY DEPARTMENT FOR PUBLIC HEALTH'S GUIDELINES ON BIOTERRORISM BASED ON INFORMATION AVAILABLE AS OF OCTOBER 16, 2001.**

The recent tragedies of September 11<sup>th</sup> have highlighted U.S. vulnerability to attacks by terrorists and significantly raised awareness for the potential of future attacks as a result of the global war being waged against terrorism. A great amount of concern has been expressed toward the possibility that retaliation by these terrorists may come in the form of the malicious release of a biological or chemical agent. As a result, a number of questions have been raised about how the public may protect itself, as well as, what actions are being taken to protect the public. In this issue of Epidemiological Notes and Reports several of frequently asked questions have been included regarding the agents anthrax and smallpox to aid you in addressing public concerns about these organisms. You will also find a list of other possible biological and chemical terrorism agents, with their clinical presentations and a variety of useful contact numbers.

To address the deficiency in U.S. public health infrastructure, grants through the Center for Disease Control and Prevention (CDC) were awarded to each state for the development of new methods and protocols for the detection of, and response to, a biological or chemical release. There are five focus areas for this purpose:

- A. Preparedness and Prevention
- B. Detection and Surveillance
- C. Diagnosis and characterization of biological and chemical agents (lab capacity)
- D. Response
- E. Communication

Currently the Kentucky Department for Public Health (KDPH) is in its third year of funding for focus area B and has recently obtained funds in focus areas C and E. These funds are being used to conduct a number of activities to improve upon our surveillance and response efforts in the event of an attack. To date, three full-scale tabletop exercises involving emergency management, public health, the medical community, and law enforcement have been conducted to assess our detection and response capacity. From exercises such as these and the continuing efforts of those involved in improving the state of readiness in Kentucky, areas in need of improvement have been identified and aggressively addressed. From the development of a statewide Health Alert Network, the purchasing of sophisticated laboratory equipment, the improvement upon and development of new disease surveillance systems, and the current statewide needs assessment, Kentucky is strengthening its resolve to protect those in the Commonwealth from biological and chemical terrorism.

## Frequently Asked Questions and Answers

**How likely is a Bio-terrorist attack?** An attack with bacteria or virus spread in the air would be extremely unlikely. Why? It is difficult to make bacteria or virus that will survive being spread through the air. Terrorists have tried unsuccessfully to attack with biologic agents in the past (e.g., the Aum Shin Ryko cult that released the chemical Sarin in Japan.)

**Will we be notified?** When it is determined that a biologic event has occurred, notification will promptly follow. Public health authorities have been working for the past few years to educate physicians and other health care providers to recognize and report the diseases that would most likely be used in a terrorist attack. An event would most likely be recognized by local health care providers who would then notify state and federal health authorities. Not only will the public be notified, there will be frequent updates of important public health messages. Communication in any disaster, including a bioterrorism event, is of the greatest importance.

**What is the Kentucky Department for Public Health doing to protect the public and prepare for bioterrorism?** Kentucky has been preparing a response to biological and chemical threats for several years. Kentucky was one of the first states to receive monies from the Centers for Disease Control and Prevention (CDC) to develop planning aimed at protecting the health of the population should an event occur.

The Kentucky Department for Public Health partners with your local health department and other state agencies to assure a rapid response to threats and hazards within communities. This preparation includes:

- Assuring that planning occurs at the local level;
- Training physicians, nurses, and other health care providers;
- Lab readiness to detect biological agents as quickly as possible;
- Planning for delivery of CDC's National Pharmaceutical Stockpile (NPS) (treatments and supplies in case of an attack) and working with your local planners to assure readiness of medications prior to NPS arrival.

**Are vaccinations recommended in case of a bioterrorism threat?** There are no vaccines being recommended for the public at this time. Please see below for more specific information on anthrax and smallpox vaccines.

**What is Smallpox?** Smallpox is a disease caused by the *Variola* virus. One out of three people who get the disease have died in the past. Smallpox is spread from person to person, usually after the sick person develops a fever and a rash. The rash works itself from the face, arms and legs onto the trunk of the body. There is no treatment for smallpox, but the smallpox vaccine provides good protection and serves to stop the spread of the disease.

**Are vaccines for Smallpox available and should I get vaccinated?** Smallpox disease was stamped out worldwide in 1980 and vaccination stopped everywhere in the world in 1983. The U.S. Public Health Service does maintain an emergency stockpile of doses. There is a program to produce more vaccine, started in 2000. While many vaccines must be given weeks or months before a person is exposed to an infectious agent, the smallpox vaccine can give protection after a person is exposed if administered within 2-4 days after exposure.

**Can this vaccine be given to children and expectant mothers?** In the event of confirmed smallpox case(s), children who have a definite risk regarding exposure to smallpox (i.e. face-to-face, household, or close-proximity contact with a smallpox patient) should be vaccinated regardless of age. Pregnant women who have a definite exposure to smallpox virus should also be vaccinated. The risks to the mother and fetus from experiencing clinical smallpox outweigh vaccine risks.

**If I was vaccinated against smallpox before 1980, am I still protected?** Probably not. The smallpox vaccine wears off in most people after 10 years. If health authorities determine that you have been exposed to smallpox or are at risk of infection, the recommendation would be that you are re-vaccinated immediately.

**What is Anthrax?** Anthrax is a disease caused by bacteria called *Bacillus anthracis*, and would most likely be spread by air in a bioterrorism attack. As early as a day to two after and up to seven weeks after exposure, the inhaled spores grow rapidly. This causes fever, difficult breathing, and in general makes the patient miserable. Death typically occurs within several days without medical treatment. Antibiotics can stop the disease if they are taken at the time the anthrax spores begin to grow or soon thereafter. Anthrax is not contagious. It does not spread from person to person.

## Frequently Asked Questions and Answers (continued)

**Are vaccines for Anthrax available and should I get vaccinated?** The anthrax vaccine is not commercially available in the United States and is not a recommended vaccine for the civilian population.

**Should I have my own supply of antibiotics?** No. Bioterrorists could carry out an attack using a number of different germs. There is no single antibiotic that is effective against all the biologic agents that a bioterrorist might use. Thus, no single pill can protect against all types of biologic weapon attacks. Also keep in mind that your antibiotic supply has a limited “shelf life” and can weaken after the expiration date.

**What is the National Pharmaceutical Stockpile (NPS)?** The NPS is a large reserve of antibiotics, chemical antidotes and other medical supplies set aside for emergencies. The CDC reports that it has the capacity to move these stockpiled materials to affected areas in the U.S. within 12 hours of notification. There are a number of different stockpiles, strategically located around the country. In addition to the medical supplies already set aside, the federal government has made an agreement with drug manufacturers to make large amounts of additional emergency medicine available.

**Can these antibiotics be given to children and expectant mothers?** In normal circumstances, these antibiotics are not recommended for children and/or pregnant mothers. However, in the event of a bioterrorist attack the benefits of taking such antibiotics may outweigh the risk of side effects.

**Should I buy a gas mask?** No. A mask will only protect you if you are wearing it at the exact moment an attack occurs. A biologic attack is most likely to be “covert” or without anyone knowing it. That would mean that you need to have your mask on 24 hours a day seven days a week. Gas masks were designed to protect against chemicals, not biologic agents, and must be carefully fitted to work. People suffocated in Israel during Desert Storm when they didn’t put the mask on properly.

**Is it safe for me to drink water from the tap?** Public drinking water supplies are safe. It would be VERY difficult for a bioterrorist to contaminate our drinking water supplies to cause widespread illness. There are two reasons. First of all, huge amounts of water are pumped daily from our reservoirs, most used for industrial and other purposes. Anything deliberately put into the water supply would be greatly diluted.

Secondly, water treatment facilities routinely filter the water supply and add chlorine to kill germs.

**How can I prepare my family and myself for a bioterrorism threat?** There is presently little that individuals can do in advance to protect themselves from a bioterrorist attack. However, there is much that government agencies, health care facilities, and public health departments are doing to improve our state’s capacity to protect the public following an attack. In each community, your local health department is responsible for helping protect your community against outbreaks of infectious disease, whether that disease occurs in nature or because it is released by a terrorist. Your health department can assist you with questions and concerns you may have about bioterrorism.

Although the Kentucky Department for Public Health does not recommend specific bioterrorism-related precautions for the public. We do, however, recommend that families have a disaster plan in place for any event (e.g., flood, tornado) that includes these emergency supplies:

- Three day supply of water;
- Clothing, blankets, and sleeping bags;
- First aid kit including current prescription medications (e.g. for blood pressure);
- Battery-powered radio and flashlight with extra batteries;
- Sanitation supplies; and
- Special needs items for infants, older adults, or disabled family members.

**Should a bioterrorism event occur, it is important that you listen to the instructions of emergency and public health workers. They will need your cooperation to perform their duties as rapidly and successfully as possible.**

This fact sheet is available at the website address:  
<http://publichealth.state.ky.us>.

**RESPONDING TO THE RECEIPT OF ENVELOPES OR PACKAGES SUSPECTED TO CONTAIN ANTHRAX OR OTHER BIOLOGICAL AGENTS.**

Many facilities in communities around Kentucky have received suspected anthrax threat letters. Most were empty envelopes; some have had talcum powder in them. None have had anthrax. The letter, if present, may read something like “You have been exposed to anthrax...” The purpose of these guidelines is to recommend procedures for handling such incidents.

**DO NOT PANIC**

1. Anthrax organisms can cause skin infection, gastrointestinal infection or pulmonary infection. To do so the organism must be rubbed into broken skin, swallowed, or inhaled as a fine, aerosolized mist. It does not leap into one’s body. All forms of disease are generally treatable with antibiotics.
2. For anthrax to be effective as a covert agent it must be aerosolized into particles fractions of an inch in size smaller than a red blood cell. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.
3. Anthrax cannot be easily reaerosolized out of an envelope or package containing powder. The same facts and conditions are generally true for other bacteria likely to be considered as biological weapons.

**UNOPENED LETTER OR LETTER THAT APPEARS EMPTY:**

1. Place envelope in a plastic bag or clear envelope.
2. Wash hands with SOAP and WATER.
3. NOTIFY your Local law enforcement

**AN OPENED ENVELOPE WITH POWDER OR POWDER SPILLS OUT ONTO SURFACE:**

1. Wipe down any potentially exposed areas with a bleach and water solution. Place one cup of bleach in a gallon of water. Keep others away.
2. WASH hands with soap and water.
3. NOTIFY your local law enforcement agency.
4. IF CLOTHING is heavily contaminated, don’t brush vigorously. REMOVE it when possible and place in a plastic bag.

5. SHOWER with SOAP and WATER as soon as possible at home. DO NOT use bleach or other disinfectant.
6. PUT on fresh clothing.
7. Make a list of all people who had actual contact with the powder and give it to your public health authorities. Instruct contacts to watch for fever or other symptoms over the next several days.

**PACKAGE MARKED WITH THREATENING MESSAGE SUCH AS “ANTHRAX”:**

1. DO NOT OPEN.
2. LEAVE it and EVACUATE the room.
3. KEEP others from entering.
4. NOTIFY your supervisor, local law enforcement or State police.

**AEROSOLIZATION, SMALL EXPLOSION, OR LETTER STATING “ANTHRAX IN HEATING SYSTEM”:**

1. LEAVE room immediately.
2. SECURE entry.
3. SHUT down air handling system.
4. NOTIFY your supervisor, local law enforcement or State police.
5. REMAIN on premises until responders arrive.
6. MAKE list of all people who were in the building at the time and give to your public health authorities. They may instruct them to watch for fever or other symptoms over the next several days.

**FOR ALL SUSPICIOUS UNLABELED MAIL NOTIFY THE LOCAL LAW ENFORCEMENT. DO NOT OPEN.****Contact numbers:**

**Local law enforcement agencies 911**  
**Statewide – Kentucky State Police (800) 222-5555.**

### Common Agents of Biological Terrorism

Disease	Transmit Man to Man	Infective Dose (Aerosol)	Incubation Period	Duration of Illness	Lethality (approx. case fatality rates)	Clinical Presentation
Inhalation anthrax	No	8,000-50,000 spores	1-6 days	3-5 days (usually fatal if untreated)	High	Fever, fatigue, malaise, cough, mild chest discomfort. Severe symptoms: dyspnea, diaphoresis, stridor, cyanosis. Shock and death 24-36 hours after onset of severe symptoms.
Brucellosis	No	10 -100 organisms	5-60 days (usually 1-2 months)	Weeks to months	<5% untreated	Fever, chills, headache, appetite loss, depression, extreme fatigue, aching joints, sweating
Pneumonic Plague	High	100-500 organisms	2-3 days	1-6 days (usually fatal)	High unless treated within 12-24 hours	Malaise, high fever, chills, headache, hemoptysis, toxemia. Rapid progression to dyspnea, stridor and cyanosis
Tularemia	No	10-50 organisms	2-10 days (average 3-5)	≥ 2 weeks	Moderate if untreated	Fever, headache, malaise, general discomfort, irritating cough, weight loss
Q Fever	Rare	1-10 organisms	10-40 days	2-14 days	Very low	Cough, aches, fever, chest pain
Smallpox	High	Assumed low (10-100 organisms)	7-17 days (average 12)	4 weeks	High to moderate	Malaise, fever, vomiting, headache, synchronous lesions about face and extremities.
Venezuelan Equine Encephalitis	Low	10-100 organisms	2-6 days	Days to weeks	Low	Malaise, spiking fevers, rigors, severe headache, photophobia, and myalgias.
Viral Hemorrhagic Fevers	Moderate	1-10 organisms	4-21 days	Death between 7-16 days	High for Zaire strain, moderate with Sudan	Fever, easy bleeding, petechiae, hypotension, shock, flushing, edema
Botulism	No	0.001 µg/kg is LD <sub>50</sub> for type A	1-5 days	Death in 24-72 hours; lasts months if not lethal	High without respiratory support	Weakness, dizziness, dry throat/mouth, blurred vision, weakening muscles, flaccid paralysis
Staph Enterotoxin B	No	0.03 µg/person incapacitation	3-12 hours after inhalation	Hours	< 1%	Sudden onset of fever, chills, headache, myalgia, nonproductive cough
Ricin	No	3-5 µg/kg is LD <sub>50</sub> in mice	18-24 hours	Days - death within 10-12 days for ingestion	High	Weakness, fever, cough, pulmonary edema, severe respiratory distress, death after 36-72 hours from hypoxemia
T-2 Mycotoxins	No	Moderate	2-4 hours	Days to months	Moderate	Skin pain, pruritus, redness, vesicles, necrosis, soching of epidermis. Nose and throat pain, nasal discharge, cough, dyspnea, wheezing, chest pain, hemoptysis

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**RETURN SERVICE REQUESTED**

## Useful Websites and Department for Public Health Emergency Numbers



For more detailed clinical information on specific pathogens that might be used in a bioterrorist event, please consult the following references or Websites:

American College of Physicians:

<http://www.acponline.org/bioterr/>

American Society of Microbiology:

<http://www.asmta.org/pcsrc/bioprep.htm>

Association for Infection Control Practitioners:

<http://www.apic.org/bioterror/>

Infectious Disease Society of America:

<http://www.idsociety.org>

US Army Medical Research Institute of Infectious Diseases:

<http://www.usamriid.army.mil/education/bluebook.html>

Johns Hopkins Center for Civilian Biodefense:

<http://www.hopkins-biodefense.org>

\*\*\*\* The Johns Hopkins Center for Civilian Biodefense has written consensus guidelines on the medical and public health management of the primary bioterrorist agents, including smallpox, anthrax, botulism, plague and tularemia. These guidelines were published in the *Journal of the American Medical Association* and archived copies are available at <http://jama.ama-assn.org>.

Division of Epidemiology and Health Planning

1-502-564-3418 –Daytime

1-888-9REPORT (1-888-973-7678)

—24 hours/7 days a week

Division of Laboratory Services

1-502-564-4446

Division of Public Health Protection and Safety/

Food Safety Branch

1-502-564-7181

Useful bioterrorism Websites.

<http://publichealth.state.ky.us>

[www.bt.cdc.gov](http://www.bt.cdc.gov)

**Kentucky Division of Emergency Management**  
[http://kyem.dma.state.ky.us/24%20hour\\_WP.htm](http://kyem.dma.state.ky.us/24%20hour_WP.htm)  
**24 Hour Warning Point Contact Number for Kentucky Counties**

COUNTY	CONTACT NUMBER	COUNTY	CONTACT NUMBER	COUNTY	CONTACT NUMBER
ADAIR	270-384-6464	GRANT	859-824-1111	McLEAN	270-273-3551
ALLEN	270-237-3611	GRAVES	270-247-1621	MEADE	270-422-4911
ANDERSON	502-839-5125	GRAYSON	270-259-3850	MENIFEE	606-768-9046
BALLARD	270-335-3691	GREEN	270-932-4911	MERCER	859-734-3311
BARREN	270-651-6161	GREENUP	606-836-8189	METCALFE	270-565-2121
BATH	606-674-2341	HANCOCK	270-927-8200	MONROE	270-487-6622
BELL	606-337-6176	HARDIN	270-765-5978	MONTGOMERY	859-498-8720
BOONE	859-371-1234	HARLAN	606-573-3131	MORGAN	606-743-4385
BOURBON	859-987-2100	HARRISON	859-234-7100	MUHLENBERG	270-754-1947
BOYD	606-329-2191	HART	270-524-2832	NELSON	502-348-3211
BOYLE	859-238-1220	HENDERSON	270-827-8700	NICHOLAS	859-289-3710
BRACKEN	606-735-2700	HENRY	502-532-6363	OHIO	270-298-4411
BREATHITT	606-666-2424	HICKMAN	270-653-5871	OLDHAM	502-222-0111
BRECKINRIDGE	270-756-6266	HOPKINS	270-821-1720	OWEN	800-222-5555
BULLITT	502-543-7074	JACKSON	606-287-8305	OWSLEY	606-593-5205
BUTLER	270-526-3676	JEFFERSON	502-574-3506	PENDLETON	859-654-3300
CALDWELL	270-365-7860	JESSAMINE	859-887-5447	PERRY	606-436-5464
CALLOWAY	270-753-1621	JOHNSON	606-789-4221	PIKE	800-222-5555
CAMPBELL	859-635-3122	KENTON	859-356-3191	POWELL	606-663-4116
CARLISLE	270-628-3355	KNOTT	606-785-5074	PULASKI	606-678-5008
CARROLL	502-732-6621	KNOX	606-546-3441	ROBERTSON	606-724-5554
CARTER	606-474-5753	LARUE	270-358-9876	ROCKCASTLE	606-256-4508
CASEY	606-787-9411	LAUREL	606-878-7000	ROWAN	606-784-7511
CHRISTIAN	270-890-1300	LAWRENCE	606-638-4851	RUSSELL	502-866-3133
CLARK	859-744-2111	LEE	606-464-5030	SCOTT	502-863-7820
CLAY	606-598-8413	LESLIE	606-672-3444	SHELBY	502-633-2323
CLINTON	606-387-6649	LETCHER	606-633-2126	SIMPSON	270-586-7166
CRITTENDEN	270-965-3500	LEWIS	606-796-3182	SPENCER	502-477-5533
CUMBERLAND	270-864-4141	LINCOLN	606-365-4557	TAYLOR	270-465-8000
DAVISS	270-685-8448	LIVINGSTON	270-928-2122	TODD	502-265-2501
EDMONSON	270-597-2729	LOGAN	270-726-4911	TRIGG	270-522-8888
ELLIOTT	606-738-6000	LYON	800-222-5555	TRIMBLE	800-222-5555
ESTILL	606-723-2201	MADISON	859-624-4776	UNION	270-389-4357
FAYETTE	859-258-3600	MAGOFFIN	606-349-4403	WARREN	270-393-4000
FLEMING	606-845-2321	MARION	270-692-2121	WASHINGTON	859-336-5450
FLOYD	606-886-1010	MARSHALL	270-527-1333	WAYNE	606-348-9313
FRANKLIN	502-875-8550	MARTIN	606-298-2828	WEBSTER	270-667-2011
FULTON	270-472-1422	MASON	606-564-9411	WHITLEY	606-549-6017
GALLATIN	859-567-7021	McCRACKEN	270-444-8550	WOLFE	606-668-6757
GARRARD	859-792-2241	McCREARY	606-376-9117	WOODFORD	859-873-3126

<b>DISTRICT HEALTH DEPARTMENTS</b>			
District	Director	Phone No.	Fax No.
Barren River	C. Frank Brown	270-781-8039	270-796-8946
Buffalo Trace	Tim Stump	606-564-9447	606-564-7696
Cumberland Valley	Herman Johnson	606-598-5564	606-598-6615
Fivco	Vaughn Eskew, MD	606-329-9444	606-324-5423
Gateway	James R. Ratliff	606-674-6396	606-674-3071
Green River	Lamone Mayfield	270-686-7747	270-926-9862
Kentucky River	Karen Cooper	606-439-2361	606-439-0870
Lake Cumberland	Shawn D. Crabtree	606-678-4761	606-678-2708
Lincoln Trail	Linda Sims	270-769-1601	270-765-7274
Little Sandy	Lloyd Miller	606-474-4115	606-474-0256
North Central	Renee Blair	502-633-1243	502-633-7658
Northern KY	Danny Greene	859-341-4264	859-578-3689
Pennyrile	Don Robertson	270-388-9747	270-388-7749
Purchase	Charlie Ross	270-444-9625	270-575-5458
Three Rivers	Kathy Mefford	502-484-3412	502-484-0864
Wedco	Julie McKee	859-234-8750	859-234-0054
<b>INDEPENDENT LOCAL HEALTH DEPARTMENTS</b>			
District	Director	Phone No.	Fax No.
Allen County	Joyce Jones	270-237-4423	270-237-4777
Anderson	John Williams	502-839-4551	502-839-8099
Bourbon	Tom Skeen	859-987-1915	859-987-3230
Boyle	Roger Trent	859-236-2053	859-236-2863
Bracken	Gladys Wagel	606-735-2157	606-735-2159
Breathitt	Sheila Sharpe	606-666-5274	606-666-4601
Breckinridge	Cindy Bandy	270-756-5121	270-756-9090
Bullitt	Ned Fitzgibbons	502-543-2415	502-543-2998
Christian	Anita Simmons	270-887-4160	270-887-4165
Clark	Len Midden	859-744-4482	859-774-0338
Estill	Tim Gould	606-723-5181	606-723-5254
Lexington-Fayette Co.	John Poundstone, MD	859-252-2371	859-228-2359
Fleming		606-845-6511	606-845-0879
Floyd	Thursa Sloan	606-886-2788	606-886-7989
Franklin	Rosie Miklavcic	502-564-7647	502-564-9586
Garrard	Marcia Hodge	859-792-2153	859-792-4719
Greenup	Curtis Heineman	606-473-9838	606-473-6405
Hopkins	Jack Morris	270-821-5242	270-825-0138
Jefferson	Melinda Rowe, MD	502-574-6530	502-574-6588
Jessamine	Nancy M. Crewe	859-885-4149	859-885-1863
Johnson	Russell Briggs	606-789-2590	606-789-8888
Knox	Ray Canady	606-546-3486	606-546-2168
Laurel	Ruth Gaines	606-864-5187	606-864-8295
Lewis	Kathleen R. Ginn	606-796-2632	606-796-9285
Lincoln	Diane Miller	606-365-3106	606-365-1640
Madison	James L. Rousey	859-623-7312	859-623-5910
Magoffin	Bertie Salyer	606-349-6212	606-349-6216
Marshall	Larry Davis	270-527-5824	270-527-5321
Martin	Jean Ward	606-298-7752	606-298-0413
Mercer	John Williams	859-734-4522	859-734-0568
Monroe	Charlotte Turner	270-487-6782	270-487-5457
Montgomery	Phyllis Frazier	859-498-3808	859-498-9082
Muhlenberg	Jeannette Williams	270-754-3200	270-754-5741
Oldham	Greg Kleinke	502-222-3516	502-222-0816
Pike	Paul Hopkins	606-437-5500	606-433-1127
Powell	Linda Fagan	606-663-4360	606-663-9790
Todd	Libby Harris	270-265-2362	270-265-0602
Whitley	Ray Canady	606-549-3380	606-549-8940
Woodford	Deborah Acker	859-873-4541	859-873-7238